

Fees and filing fees for patent applications are required to be paid in advance of examination. Information on fees is displayed on UMB fee number.

FEE TRANSMITTAL

for FY 2002

Patent fees are subject to annual revision.

JUL 29 2002

TOTAL AMOUNT OF PAYMENT (\$ 1042)

Complete if Known

09/865,704

May 29, 2001

ITO et al.

MONDT, JOHANNES P

2826

Attorney Docket No

01-149

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and statutory overpayments to:

50-1147**LAW OFFICES OF DAVID G. POSZ**

2. Payment Enclosed

 Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	106	215	55 Subcharge - late filing fee or late	
127	5	217	55 Subcharge - late filing fee or late overstreet	
140	114	134	13 Non-English filing fee	
147	142	147	147 Filing a request for reexamination	
112	920*	111	920* Requesting publication of SIR prior to Examiner action	
113	1640*	110	1640* Requesting publication of SIR after Examiner action	
116	110	218	56 Extension for reply within first month	
116	410	219	211 Extension for reply within second month	400
117	820	217	400 Extension for reply within third month	
118	1440	216	720 Extension for reply within fourth month	
125	1360	121	360 Extension for reply within fifth month	
139	710	114	710 Notice of Appeal	
126	820	220	220 Filing a brief in support of an appeal	
127	270	221	140 Request for oral hearing	
135	1510	150	1510 Petition to institute a public-use proceeding	
143	140	244	68 Petition to review a final decision	
144	1240	241	640 Petition to review an inter partes reexamination	
145	1280	242	420 IPR issue fee, if issued	
146	460	243	230 Design issue fee	
144	820	244	820 Plant issue fee	
122	130	221	130 Petitions to the Commissioner	
123	50	221	50 Petitions related to previous or applications	
116	160	116	116 Submission of information to disclosure Stmt	
541	4	541	4 Recording each patent application per property, times number of properties	
111	12	243	12 Filing a summary matter that is rejected under 37 CFR § 1.12(a)	
146	14	248	17 Filing addenda in number of file examined under 37 CFR § 1.124(d)	
Other fees specified				
Important: See 37 CFR 1.124(d) for more information				
SUBTOTAL (3) (\$ 580)				

SUBMITTED BY

Name: **KERRY S. CULPEPPER**
Signature:

Filing Fee Received

45.672

Telephone (202) 416-1638

Ext:

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TRANSMITTAL FORM

To: *PTO Correspondence after Filing*

July 29, 2002

RECEIVED

Application Number	09 865 704
Filing Date	May 29, 2001
First Named Inventor	ITO et al.
Group Art Unit	2826
Examiner Name	MONDT, JOHANNES P
Attorney Docket Number	01-149

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>Appeal Notice Brief Reply Brief</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO-SB-69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Marked Up Version of the Amendment
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

PD
CD
GD
GD

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of David G. Posz
Signature	
Date	July 29, 2002

OIPE CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window of the Office of Initial Patent Examination, Crystal Plaza Building, 1800 27th Street, Suite 2222, Arlington, VA 22206 on the following date in the express mail box at the Patent Office, Washington, DC 20591.

Type or printed name	Kerry S. Culpepper
Signature	
Date	July 29, 2002